CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

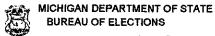
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	t covers From: 04/26/08 to 08/05/08
1. Committee I.D. Number	4. Candidate La	
138080	Baker	Alisha M
	4a. Office Sought	including District # or Community Served (If applicable)
2. Committee Name	Macomb Cou	inty Charter Commissioner, District 17
The Committee to Elect Alisha M. Baker	4b. County of Res	sidence Macomb
5. Committee's Mailing Address	6. Treasurer's Na	me & Residential Address
75 Scott Boulevard	Michele T.	Rager 크충 응
Mount Clemens, MI 48043	26843 LaSa	
	Roseville, N	/II 48066
	1	123 (
Area Code and Phone (586) 557-8999		And the second s
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		
be sent to this address by the filing official.	Area Code & Pho	_{ne} <u>(586) 445-0809</u>
7. Treasurer's Business Address	8. Designated Reco	ecord keeper's Name and Mailing Address (fighe committee has a bord keeper)
	Madeline Ti	urner
	17183 Merr	vweather
	•	nship, MI 48038
Area Code and Phone	Area Code and P	hone (586) 263-4954
9. TYPE OF STATEMENT	4	<u> </u>
9a. Pre-Election OR 9b. ✓ Post	t-Election	9c. Annual Statement (Coverage Year)
		9d, Amendment to Campaign Statement (Complete Item 9a, 9b, 9c
Pre-Election or Post-Election Statement relates to:		or 9e to indicate which Statement is being amended)
√ Primary Gen	neral	9e. Dissolution of Candidate Committee
Convention	iool	Effective Date of Dissolution
Special Cau	cus	Buck also display the second s
		By checking this item, IWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus		the dissolution cannot be granted, that this be considered a request for
08/05/08		the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
		1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re	quired Campaign S	Statements. The Campaign Statements must include all applicable anding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang	ed since the inform	ation was shown on the committee's Statement of Organization, an
before the filing deadline of a required campaign statement, the	nis Campaign State nat campaign state	ation was shown on the committee's Statement of Organization, an ement. If a request for a Reporting Waiver is not received on or ement cannot be waived.
 Verification: I/We certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and co 		
Current Treasurer or Michala T Pager	Mainl.	10 1 NCION
Current Treasurer or Designated Record Reeper Michele T Rager	11 VAIL	09/15/08
Type or Print Name	Signature	Date
Candidate Alisha M Baker	Make	MBaker 09/15/08
Type or Print Name	Signature	Date

Committee	ın	Mumbar	1	38	0	8(
Committee	LD.	Number	•		•	•

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name The Committee to Elect Alisha M. Baker

CANDIDATE COMMITTEE	z. Continue Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	-
b. Unitermized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$1,900.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$1,900.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$706.95	(21.) \$ \$1,185.39
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,086.10	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,086.10	(23.) \$ \$1,900.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	_
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	\$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$1,185.39</u>	_
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	### ##################################	*



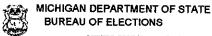
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138080

2. Committee Name The Committee to Elect Alisha M Baker

Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.					enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of	f Recei	pt 06/19/08		
Leisja M Webb							
401 Regency C	t. #4					50.00	, 50.00
Louisville, KY 4	0207		_{\$} 50.00	\$ 30.00			
5. If over \$100.00 cun	nulative, please pro	vid	e:			Click Hora fo	or Memo Itemization
Occupation			Employer			Click Hele IC	n Menio Remization
Business Address	1011						
Type of Contribution:	√ Direct		Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	√	YES 4. Date of	f Recei	pt 06/26/08		
Friends of Mac	omb					250.00	050.00
37337 Tall Oak	Drive					_{\$} 250.00	_{\$} 250.00
Clinton Twp., M	II 48036						
5. If over \$100.00 cum	ulative, please pro	vide	e:			Click Here fo	r Memo Itemization
Occupation		Er	nployer				
Business Address							
Type of Contribution:	✓Direct		Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	✓	YES 4. Date of	of Recei	pt 06/26/08		
Local #1 PAC N	lichigan Educ	ati	on Association	1		400.00	400.00
38550 Garfield,						<u>\$ 100.00</u>	_{\$} 100.00
Clinton Townsh	ip, MI 48038					Olista Danie Com	A.
5. If over \$100.00 cum	ulative, please pro	vide	:			Click Here for	Memo Itemization
Occupation		. 8	mployer				
Business Address							:
Type of Contribution:	✓ Direct		Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of	of Rece	07/14/08		
Nicole Baker Br	own						
881 Bloomcres	t Dr.					_s 500.00	. 500.00
Bloomfield Hills,						¥	3
5. If over \$100.00 cum	•	vide	:			Click Here for	Memo Itemization
Occupation Attorne	Э	-	Employer Self			0.000.000	Womo Romization
Business Address 88	1 Bloomcres	t D	r., Bloomfield	Hills	, MI		
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
					Page Subtotal	\$900.00	1
				Gra	and Total of All Schedules 1A	10 	
					ete on last page of Schedule)	Enter this total on	J
Page 1 of 2						line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

138080 1. Committee i.D. Number

The Committee to Elect Alisha M Baker 2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/14/08 Name & Address:		
Frank Baker II		
375 Park Ave. #2607	E00.00	E00.00
New York, New York 10152	_{\$} 500.00	<u>, 500.00</u>
5. If over \$100.00 cumulative, please provide:	6 11.1.1.1	
Occupation Managing Director Employer SAC PCG	Click Here to	r Memo Itemization
Business Address 540 Madison Avenue New York, New York 10022		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/08		
Name & Address		
Laura Day Baker	500.00	E00.00
375 Park Ave. #2607	_{\$} 500.00	<u>\$ 500.00</u>
New York, New York 10152		
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Designer Employer Laura Day Design Studio, Inc		
Business Address 515 Greenwich St., NY, NY 10013		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	
	•	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:		
	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	otal \$1,000.00	
Grand Total of Ali Schedules	1A \$1,900.00	
(Complete on last page of Schedu		ł

Enter this total on line 3a of Summary Page.

Page 1 of 2



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number <u>1380</u>80

CANDID	ATE	COMI	MIT	TEE
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3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Reportall in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services appurchased	vere	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Alisha M Baker 75 Scott Boulevard Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: Customer Service Manager Employer Name & Business Address: DuPont 400 N. Groesbeck Hwy Mount Clemens, MI 48043	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LO Description Postage Paid Description Postage Paid Date of Receipt: 06/09/08 Vendor Name & Address: Mount Clemens Post Office Mount Clemens, Michigan	•AN	257.96 ck Here for Memo	\$ 257.96
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Alisha M Baker 75 Scott Boulevard Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-Loaned Description Printing	****	20.48	s <u>220.48</u>
Occupation: Employer Name & Address: DuPont 400 N. Groesbeck Hwy Mount Clemens, MI 48043 Fund Raiser Contribution	5. Date Of Receipt: 0\$\square\$/0\$\quare\$08 6. Vendor Name & Address: American Graphics Printing 34895 Groesbeck Hwy Clinton Township, MI 48035	Clic	k Here for Memo	Itemization
Contribution #3 PAC Receipt? Yes Name & Address: Alisha M Baker 75 Scott Boulevard Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: DuPont 400 N. Groesbeck Hwy Mount Clemens, MI 48043 Fund Raiser Contribution	4.	AN	05.72 k Here for Memo	\$ 195.72
	Page Su Grand Total of all Schedule (Complete on last page of Sch	s 1-lK	\$674.16 Enter this total on line 6 of Sur Page	

Page 1 of 2



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138080

on line 6 of Summary

Page

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Alisha Baker 75 Scott Boulevard Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: Customer Service Manager Employer Name & Business Address: DuPont 400 N. Groesbeck Hwy Mount Clemens, MI 48043 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Political Mailer (Printing) 5. Date Of Receipt: 08/31/08 6. Vendor Name & Address:	511.23 §	511.23
Contribution # 2 PAC Receipt? Yes Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$_ k Here for Memo Iter	mization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	\$	į
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Clic	k Here for Memo Itel	mization
Fund Raiser Contribution	Page Subtotal	\$511.23	\$511.23
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$1,185.39 Enter this total	

Page 2 of 2



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138080

2. Committee Name		Committee to	Elect Alis	ha M. Baker
4. Purpose (Re	equired	Information)	5. Date	6. Amount

Expenditure #1 Name Practical Political Consulting Address PUPDOS & 6249 220 Albert St. East Lansing, MI 48823 Fund Raiser Expenditure #2 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #3 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #3 Name American Graphics Printing Address Address Address Address Purpose: Printing O7/15/08 \$ 668.86 Date Date Check box if this expenditure is payment of data or obligation reported on previous statement OR/10/08 \$ 197.94 OR/10/08 \$ 197.94 OR/10/08 Date OR/10/08 \$ 197.94 OR/10/08 OR/10/08 OR/10/08	Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Address PO Box 6249 220 Albert St. East Lansing, MI 48823 Fund Raiser Expenditure \$2 Name American Graphics Printing Address Name USPS Address Address Address Purpose: Printing O8/10/08 Date \$ 197.94 Click Here for Memo Itemization Type Click box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Click Here for M	Expenditure #1			
Address Purpose: Mailling Labels Date Click Here for Memo Itemization Type	Name Practical Political Consulting	<u>.</u>	07/02/08	\$ 145.04
Check box if this expenditure is payment of debt or obligation reported on previous statement	Address	Purpose: Mailing Labels	Date	
Check box if this expenditure is payment of data or obligation reported on previous statement		Click	Here for Memo	Itemization Type
Fund Raiser Subtorial this page Subtor		l		
Expenditure #2 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Reliser Expenditure #3 Name American Graphics Printing Address Name American Graphics Printing Purpose: Printing O8/10/08 \$ 197.94 Purpose: Printing O8/10/08 \$ 197.94 Purpose: Printing O8/10/08 Purpose: Printing O8/10/08 \$ 197.94 Purpose: Printing O8/10/08 \$ 197.94 Purpose: Printing O8/10/08 \$ 197.94 Purpose: Printing O8/10/08 Oate OB/10/08 \$ 197.94 Purpose: Printing OB/10/08 Oate OB/10/08 S 197.94 Purpose: Printing OB/10/08 Oate OB/10/08 S 197.94 Date S 197.94 Date Click Here for Memo Itemization Type OB/10/08 Oate	grand .	debt or obligation reported on previous		
Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #3 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Purpose: Printing 08/10/08 Purpose: Printing 08/10/08 \$ 197.94 Purpose: Printing 08/10/08 \$ 197.94 Purpose: Printing Click Here for Memo Itemization Type Statement Expenditure #4 Name USPS Address Mount Clemens Post Office Mount Clemens, MI 48043 Purpose: Printing 08/10/08 Date \$ 888.16 Purpose: Printing Click Here for Memo Itemization Type		statement		
Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #3 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Purpose: Printing 08/10/08 Purpose: Printing 08/10/08 \$ 197.94 Purpose: Printing 08/10/08 \$ 197.94 Purpose: Printing Click Here for Memo Itemization Type Statement Expenditure #4 Name USPS Address Mount Clemens Post Office Mount Clemens, MI 48043 Purpose: Printing 08/10/08 Date \$ 888.16 Purpose: Printing Click Here for Memo Itemization Type	Name American Graphics Printing		07/15/08	
Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #3 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Purpose: Printing Address Address Purpose: Printing Address Address Address Address Purpose: Printing Address Address Purpose: Printing Address Address Address Address Purpose: Printing Address Address Address Address Address Address Address Purpose: Postage Address A	7 mondair Grapmos i mang	Drinting		\$ <u>668.86</u>
Clinton Twp., MI 48035 Fund Raiser Expenditure #3 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #4 Name USPS Address Mount Clemens Post Office Mount Clemens, MI 48043 Fund Raiser Expenditure #5 Name Address Address Address Address Purpose: Postage Click Here for Memo Itemization Type Subtotal It is page Subtotal It is p	Address	Purpose: Pillung		
Check box if this expenditure is payment of debt or obligation reported on previous statement	•	Click I	tere for Memo	Itemization Type
Fund Raiser Statement St	Clinton Twp., MI 48035	Check box if this expenditure is payment of		
Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #4 Name USPS Address Mount Clemens Post Office Mount Clemens, MI 48043 Fund Raiser Expenditure #5 Name Address Address Address Address Purpose: Postage Click Here for Memo Itemization Type Statement Subtotal this page \$1,900.00	Fund Raiser	debt or obligation reported on previous		
Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #4 Name USPS Address Mount Clemens Post Office Mount Clemens, MI 48043 Fund Raiser Expenditure #5 Name Expenditure #5 Name Fund Raiser Expenditure #5 Name Address Addre	Expenditure #3			
Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 Fund Raiser Expenditure #4 Name USPS Address Mount Clemens Post Office Mount Clemens, MI 48043 Fund Raiser Expenditure #5 Name Address Address Address Address Address Address Address Address Fund Raiser Expenditure #5 Name Address Addres	Name American Graphics Printing		08/10/08	- 107.01
Click Here for Memo Itemization Type Click Here for Memo Itemization Type Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Salazion Sala	Address	Purnose: Printing		\$ <u>197.94</u>
Click Here for Memo Itemization Type Fund Raiser				
Fund Raiser Subtotal this page Statement	· ·		iere for Memo	Itemization Type
Name USPS Address Mount Clemens Post Office Mount Clemens, MI 48043 Fund Raiser Expenditure #5 Name Address Purpose: Postage Click Here for Memo Itemization Type debt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$1,900.00 Grand Total of all Schedules 1B \$1,900.00	Fund Raiser	debt or obligation reported on previous		
Address Mount Clemens Post Office Mount Clemens, MI 48043 Fund Raiser Expenditure #5 Name Address Purpose: Postage Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$1,900.00 Grand Total of all Schedules 1B \$1,900.00	Expenditure #4			
Address Mount Clemens Post Office Mount Clemens, MI 48043 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Date Click Here for Memo Itemization Type Subtotal this page \$1,900.00 Grand Total of all Schedules 1B \$1,900.00	Name USPS		07/30/08	
Mount Clemens Post Office Mount Clemens, MI 48043 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	Address			\$ <u>888.16</u>
Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose:		Purpose: 1 Ostage		
Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose:		Click H	ere for Memo	Itemization Type
Expenditure #5 Name Address Purpose:				
Address Purpose:	Fund Raiser	, ,		
Address Purpose:	Expenditure #5			
Click Here for Memo itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$1,900.00 Grand Total of all Schedules 1B	Name			
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$1,900.00 Grand Total of all Schedules 1B	Address	Purpose:	Date	\$
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$1,900.00 Grand Total of all Schedules 1B		Click	lara for Mama	itamization Type
Fund Raiser statement Subtotal this page \$1,900.00 Grand Total of all Schedules 1B \$1 900.00			ere (or Metrio	nomization type
Grand Total of all Schedules 1B 91,900.00	Fund Raiser	,		
Grand Total of all Schedules 1B		Subtol	al this page	\$1,900.00
				\$1,900.00

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

138080

OCI IMPOMM I IM		Tho	Committee	to Eloc	4 Aliaha	R A	Dakar
CANDIDATE COMMITTEE	2. Committee Name	1116	Committee	IO PIEC	it Milolia	IVI.	Dakei
CANDIDATE COMMITTEE					· · · · · · · · · · · · · · · · · · ·		

CANDIDATE COMMITTEE **					
This Schedule itemizes:	,				
a Debts and obligations owed by or forgiven the co	mmittee OR b. Debt leck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven <u>by</u> the co	nmittee.	
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)	
Debt #1 Corp? Yes Owed to or by:	4. Type: In-kind	s			
Alisha M Baker 75 Scott Blvd Mount Clemens, MI 48043	5. Date Debt Was Incurred: 06/09/08 6. Original Amount of Debt: \$ 220.48	\$\$\$	\$	\$_220.48	
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type: In-kind	s			
Alisha M Baker 75 Scott Blvd	5. <u>Date Debt Was Incurred</u> : 07/07/08	s			
Mount Clemens, MI 48043	6. Original Amount of Debt:	<u> </u>	 	\$ <u>257.96</u>	
	\$ 257.96	<u> </u>		FORGIVEN	
If bank loan, name of endorser or guarantor:			nount Endorsed: \$		
Debt #3 Corp? Yes Owed to or by:	4. Type: In-kind	\$			
Alisha M Baker	5. Date Debt Was Incurred:	\$			
75 Scott Blvd	08/10/08	s .			
Mount Clemens, MI 48043	6. Original Amount of Debt:	\$	\$	\$ 195.72	
	\$ 195.72	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	-	
		Page Subtotal	(Outstanding debt)	\$674.16	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) Enter this					
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of					

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

"owed to" of the Summary Page



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

138080

SCHED	ULE 1	IE
CANDIDATE	COM	MITTEE

2. Committee Name The Committee to Elect Alisha M. Baker

CANDIDATE COMMITTEE 210	COUNTRIES INSTITE			
This Schedule itemizes: a Debts and obligations owed by or forgiven the corr		s and obligations owed to o	r forgiven <u>by</u> the con	nmittee.
(Che 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	ck either a or b. Use only for the pu 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: In-kind			
Alisha Baker 75 Scott Boulevard Mount Clemens, MI 48043	5. Date Debt Was Incurred: 08/31/08 6. Original Amount of Debt:	<u> </u>	\$	s_511.23
	\$_511.23	\$ \$_		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred:	<u> </u>		
	6. <u>Original Amount of Debt</u> :	\$	\$	\$
If bank loan, name of endorser or guarantor:	\$	\$An	nount Endorsed: \$	FORGIVEN
Debt #3 Corp? Yes				
Owed to or by:	4. Type:	s s		
	6. Original Amount of Debt:	\$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

by[™] or line 12b "owed to" of the Summary Page